

29 10

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 547	
1. PLACE OF DEATH				COUNTY <u>Yavapai</u> STATE <u>ARIZONA</u>		REGISTERED NO. _____	
TOWNSHIP _____				OR VILLAGE <u>Stanton</u>		OR _____	
CITY _____				(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)		WARD _____	
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>14</u> YRS. _____ MOS. _____ DS. _____				HOW LONG IN U. S. OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS. _____			
2. FULL NAME <u>Mrs. Arminta A. Frenzel White</u>				HOW LONG IN STATE WHEN DEATH OCCURRED <u>14</u> YRS. _____ MOS. _____ DS. _____			
(A) RESIDENCE: NO. <u>Stanton, Arizona</u> ST. _____ WARD _____				(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leonard White</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31, 1861</u>							
7. AGE		YEARS <u>74</u>		MONTHS <u>7</u>		DAYS <u>9</u>	
		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.					
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		<u>At Home</u>					
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>No Record Kansas</u>							
13. NAME <u>John Courter</u>							
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>No Record Kansas</u>							
15. MAIDEN NAME <u>Unknown</u>							
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>II</u>							
17. INFORMANT <u>Mrs. Pauline Creal</u> (ADDRESS) <u>1902 Howard, St. Joseph, Mo.</u>							
18. BURIAL, CREMATION, OR REMOVAL <u>Removed</u> PLACE <u>St. Joseph, Mo.</u> DATE <u>8/15/36</u> 19 <u>36</u>							
19. EMBALMER <u>Lester Ruffner</u> LICENSE NO. <u>3 A</u> SIGNATURE <u>Lester Ruffner</u> FUNERAL DIRECTOR <u>Lester Ruffner</u> ADDRESS <u>Prescott, Arizona</u>							
20. FILED <u>3-15</u> 19 <u>36</u> REGISTRAR <u>John Courter</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>3/10/36</u> 19 <u>36</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>March 9</u> 19 <u>36</u> TO <u>March 9</u> 19 <u>36</u>							
I LAST SAW HER ALIVE ON <u>March 9</u> 19 <u>36</u> . DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>9 25</u> P.M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Bronchial Pneumonia</u> DATE OF ONSET <u>not known</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>myocarditis chronic</u> <u>apoplexy</u>							
NAME OF OPERATION <u>none</u> DATE OF _____							
WHAT TEST CONFIRMED DIAGNOSIS <u>Pneumonia</u> WAS THERE AN AUTOPSY? <u>No</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19 <u>36</u>							
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____							
MANNER OF INJURY _____							
NATURE OF INJURY _____							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>							
IF SO, SPECIFY (SIGNED) <u>Hugh F. Stanton</u> M. D. (ADDRESS) <u>Wilcox, Arizona</u>							